

ALTERNATE INITIAL EDUCATION VOUCHER APPLICATION

Submit to: Arizona Department of Education, Exceptional Student Services, Attention: Vouchers Unit
1535 W. Jefferson, Bin #24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

THE RESIDENTIAL TREATMENT CENTER (RTC) IS RESPONSIBLE FOR COMPLETING SECTIONS 1 AND 2 UPON STUDENT ENTRY AND FORWARDING IT TO THE SPECIAL EDUCATION DIRECTOR OF THE HOME SCHOOL DISTRICT (HSD) WITHIN 5 DAYS OF FACILITY ENTRY DATE.

SECTION 1

STUDENT NAME:	DOB:
LAST SCHOOL ATTENDED:	GRADE:
PARENT NAME:	SAIS NUMBER:
ADDRESS:	PHONE:
FACILITY:	ENTRY DATE:
ADDRESS:	FAX:
RTC VOUCHER CONTACT:	PHONE:
RTC EDUCATION CONTACT:	PHONE:

SECTION 2

STATE PLACING AGENCY: (SELECT ONE)

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> AOC: | <input type="checkbox"/> JCC or <input type="checkbox"/> ADP | <input type="checkbox"/> GILA RIVER RBHA |
| <input type="checkbox"/> ADJC | | <input type="checkbox"/> PASCUA YAQUI RBHA |
| <input type="checkbox"/> DES | | <input type="checkbox"/> NAVAJO RBHA |
| <input type="checkbox"/> DHS:DBHS/ | | <input type="checkbox"/> WHITE RIVER APACHE RBHA |

SPA CONTACT PERSON: PHONE:

THIS VOUCHER IS FOR A SHORT TERM PLACMENT (LESS THAN 60 DAYS).

IT DOES NOT REQUIRE COMPLETION OF A HOME SCHOOL DISTRICT PACKET!

IF THE STUDENT IS CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES, PLEASE FORWARD THE IEP TO THE RESIDENTIAL FACILITY FOR IMPLEMENTATION.

HOME SCHOOL DISTRICT: COMPLETE SECTION 3, THEN SUBMIT FORM TO ADE WITHIN 10 DAYS OF FACILITY ENTRY DATE (COPY TO RTC).

SECTION 3

HOME SCHOOL DISTRICT* (PRINT) _____ PHONE: _____

STUDENT ELIGIBLE FOR SPECIAL EDUCATION: ☐ NO ☐ YES → DISABILITY: _____

** IF YES, DATE IEP WAS SENT TO RTC FOR IMPLEMENTATION _____

Signature of Special Education Director or Representative

Date

*Home School District is determined by a variety of factors. Please see the Education Vouchers Procedure Manual for information. Reference: ARS 15-761(10)